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# HOW DEAFNESS BEHAVES UNDER SUGGESTION

BY

CHARLES M. BARROWS

AUTHOR OF "SUGGESTION WITHOUT HYPNOTISM," "SUGGESTION INSTEAD OF MEDICINE," ETC.

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Charles M. Barrows,

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# HOW DEAFNESS BEHAVES UNDER SUGGESTION

BY

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OF MEDICINE," ETC.

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*Suggestions made for therapeutical purposes are psychical stimuli which evoke in a patient the kinetic energy called vis medicatrix naturæ.*



## · D E A F N E S S .

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THIS pamphlet is addressed to hundreds of persons who are hard of hearing.

Its purpose is to consider briefly what this decay of faculty means for the sufferer, and to set forth in plain language a method of treatment which has enabled many deaf persons to recover the lost sense.

Deafness is not a disease. It may be a consequence of diseases which at some time affected the hearing organs; but, strictly speaking, loss of hearing denotes impairment or suspension of function of a special sense. The power to perceive sound depends on the integrity of delicate mechanism situated within the skull. The visible ear, as well as the middle portion, (called the drum,) with its chain of ossicles, conducts sonorous vibrations inward and transmits them to the labyrinth or chamber wherein consciousness interprets motion as sound. The auditory nerve connects this inner labyrinth with "hearing centres" in the brain; and it is in this nerve of special sense that the hearing faculty has its physiological seat.

As already intimated, loss of hearing is usually due to inflammatory affections of the ear. It often follows in the train of typhus, intermittent fever, scar-

latina, diphtheria, measles, mumps, influenza, etc.; or it may be the result of a sudden plunge into water, cold, concussion, and a variety of hurts. Owing to senile degeneration, "nervous prostration," disturbances of nutrition, and other maladies which debilitate the system, the sound-sense may become dull; and, finally, hearing may fail when no appreciable cause for the change can be assigned.

But with diseases that predispose to deafness this method of treatment has nothing to do. The professional aurist is best fitted to deal with these, and this is not an attempt to compete with his special practice, but rather to help cases that he has dismissed. It applies when medicine and surgery have failed to restore the lost function, and the patient seems destined to bid a long farewell to the world of sound.

After the disease which impairs has been arrested or having spent its force has done what damage it can, then, if the patient is hard of hearing, this treatment avails to restore the function in a large majority of cases.

It is easy to see what might be done for patients in this condition, if by some means it were possible to reach the neural mechanism boxed up within the cranium; and this is what this method has accomplished by psychical stimuli acting directly and intimately upon the nerves involved. Whether the effect is to repair the injured structure in any degree, or whether the organs are enabled to perform their functions in spite of imperfect physiological condi-

tions need not here be discussed ; for the main purpose of this writing is to offer readers the accumulated evidence that under this treatment lost hearing has returned to many persons considered past help.

Suspension of function has the same effect on the ear as on other bodily organs. If I break my arm and the surgeon keeps it in a sling for a number of weeks while Nature mends the fracture, it becomes weak and stiff. If a well, robust man be kept quiet in bed for a long time, his body becomes enfeebled, and on trying to move about he is sensible of a definite loss of strength. An observed law of living structure is that powers which are not put to use are withdrawn ; and the consequence is the same whether the organism be in health or is diseased. Nature demands activity and suffers no energy to run to waste. The sound-receiving apparatus is no exception to this law of use and disuse. If hearing be suspended for a period, no matter for what reason, it soon begins to be dull, and by continued disuse the power is forfeited and impotence supervenes.

In a majority of the cases here considered the primary suspension of function was doubtless produced by disease. That disease either was cured or reached the limit of its activity and vanished ; but the perception of sound did not return, and with the lapse of months and years the power to exercise the sense declined. In other words, we say that the ear sense, which was at first spontaneous, then by long repetition became a fixed habit of neural action, was superseded by a state of chronic inertia which the

patients could not shake off. It was not claimed that the functional power was wholly lost, for that would be a state of total deafness. These persons did perceive certain sounds, and most of them could hear comparatively well in a noisy room and when riding in the cars. They often detected tones for which they were listening, when the same sounds if unexpected fell on their ears unheeded.

From what has now been said we may infer that losses of the hearing sense may be recovered, if the inert condition or habit of the auditory nerves can be broken up and the original habit re-established; and this change is precisely what took place under treatment. The process of displacing the impotent habit by the normal habit consists in arousing fresh activity and attention in the nerves, by evoking the organic energy which is not destroyed but simply abeyant. If suitably stimulated at frequent intervals, these nerves gradually resume their proper function, and the healthy habit is reformed by one of the natural changes which are always going on in the corporeal life of the individual.

To thus take advantage of inherent recuperative power of living organism is nothing new or even novel. The athlete, who has lost strength while out of practice, recruits it to the maximum by taking suitable muscular exercise. A young lady, who had partially lost the visual sense by disease, was required to begin to use her eyes in reading one minute the first day, two the second, and so on, lengthening the exercise each time she practised, until the normal

power of the organs was restored. Recognizing the value of this process in educative work, teachers employ it in developing the bodily powers of the young for special uses. We see it illustrated in the vocal culture of elocutionists and singers, in the monotonous five-finger exercises of piano students, in the coaching of boat crews and ball teams, in acquiring dexterity and manual skill of every kind. Stated in concise terms, this method of educating faculties may be called motor training; and the method pursued with deaf patients is a modification of this natural process or art.

But while the same law of development is available for muscle training and the recovery of impaired senses, a drill in gymnastics or sloyd would not educate the ear; the means by which the plastic power is evoked in the two cases differ radically. School teachers guide and train the faculties of their pupils by sensory stimuli alone, and depend for success on the learner's coöperative volition and faithful movement practice; the sole stimuli applied to the auditory nerves, on the contrary, are psychical, and no demand is made upon the patient's will. Motor training proceeds to attain its end by well-known paths of common-sensible instruction,—this education of impaired hearing faculties follows paths of little-understood "*suggestion*," which seems to many persons anything but common-sensible. Nor is this kind of stimulation the form used in connection with hypnotism, but quite a different influence which the present writer has explained in "*Suggestion Instead of Medicine*," a notice of which will be found at the end of this pamphlet.



Deafness of this kind is often accompanied by "noises in the head," called in medical terms *tinnitus*. These are not real sounds but aural phantoms, which appear at intervals in some cases, especially when patients feel unusually nervous and when they first awake in the morning; in other cases the *tinnitus* is noticeable at all times. The phantom noises vary in pitch and differ in intensity, from a soft purr or sound of escaping steam heard afar off to the clang of a trip-hammer, a low-toned bell, or a loud steam whistle. A deaf person may have *tinnitus* which is not due to impaired hearing, but is a symptom of other nervous disorder; but when these noises are closely associated with the auditory trouble, recovery cannot be said to be complete until the *tinnitus* also ceases.

A fair approximate estimate of the success which has attended this treatment for deafness may easily be stated in percentages. To realize what such figures mean, however, the reader should bear in mind that in the cases in which the method has been tried, the trouble had been pronounced incurable by specialists in diseases of the ear, and with most of the patients it had existed a long while when the treatment began. Many of them were suffering at the time of treatment from nervous maladies which complicated the problem of recovery, and in more than half the number hearing began to decline near middle age or later. Then again, the psychical treatment might produce different results in different cases. It might be a complete success; it might be a complete fail-

ure; it might produce only a temporary benefit. The patient might recover *active* hearing alone; he might recover *passive* hearing alone; the tinnitus might disappear while the deafness remained; tinnitus and only one form of hearing might respond with benefit. Active hearing, it should be explained, means ability to hear when one listens or pays conscious attention to expected sounds; passive hearing means the conscious perception of sounds which one is not expecting or listening for. A deaf person who recovers active hearing alone is able to take part in ordinary conversation, hear a public address or a concert, and perceive the range of sounds and noises for which he is on the alert. But in order to hear unexpected sounds which come as a surprise, he must also regain the use of the passive aural function. And this distinction is of great importance, since it is an invaluable gain to be able to hear when one gives attention, even though a world of accidental and stray noises strike the ear unnoticed.

Out of the total number of deaf patients I have treated by this mode of suggestion, 10 per cent. were not helped; 70 per cent. recovered active hearing; 50 per cent. recovered both active and passive; in 50 per cent. all tinnitus ceased; in 40 per cent. the hearing was greatly improved; in 30 per cent. there was some degree of improvement. Considering all the factors which must be taken into account,—active hearing, passive hearing, tinnitus,—it is not too much to claim that 40 per cent. fully recovered; 45 per cent. were so much helped that hearing be-

came nearly normal; 5 per cent. showed some improvement; 10 per cent. received no appreciable benefit.

Each of the ten cases now to be described in detail has been chosen as the type of a class; and taken together they fairly represent the various conditions that must be met in dealing with patients who are hard of hearing. In preparing these statements seven facts are noted which are of special interest. These are (1) Age of person when the deafness was discovered. (2) If there was tinnitus. (3) What was the apparent cause of deafness. (4) How long the patient was deaf before taking this treatment. (5) How long the patient was under treatment. (6) Result on hearing. (7) Result on tinnitus.

No. 1.—In this case the patient was fifty years of age when failure of the hearing sense was first observed, and the deafness gradually increased, accompanied by mild tinnitus. When it appeared the patient was suffering from “nervous prostration,” and the case would fall under the rather indefinite term “nervous deafness.” Twelve years later this patient came to me and was treated by suggestion for two months, with the gratifying result that hearing, both active and passive, was re-established, and tinnitus was noticeable only when the head was much fatigued.

No. 2.—The condition of this patient was in marked contrast to that of case No. 1. The hearing failed rapidly after the age of six, following a severe attack of scarlatina, and tinnitus appeared later. In the course of a few months the impair-

ment became so great that it was almost impossible to make the patient hear at all without the aid of a trumpet; and a competent aurist pronounced the trouble incurable. Fifteen years after the deafness came on I had a chance to try the effect of suggestion upon the case. At the first examination I found that when the left ear, nostrils, and mouth were closed, I could get no response by shouting into the right ear, and no note struck on a piano at the opposite end of the room was perceived. The left ear was not as badly affected. There was decided improvement at the end of the fourth treatment; in a week the patient easily heard ordinary conversation; and at the end of three weeks hearing became normal for both ears, tinnitus disappeared, and the case was dismissed.

No. 3.—Passing from a youthful patient to one at the other extreme of the span of life, deafness in this case came on at forty-four. The change was preceded by inflammatory disease of the middle ear, and was greatly aggravated by phantom noises. After thirty years of this disability the patient tried my treatment for a continuous period of five months. There was a perceptible gain on the third day and steady improvement through the entire period. The tinnitus was very obstinate for a while, but disappeared at last. In this case active hearing was not very seriously impaired, it was simply dull; but passive hearing was nearly lost, and the sound-perceiving apparatus had acquired a fixed habit of inattention; in other words, vibrations readily reached the hearing centres, but consciousness let them pass

unnoticed. The distinct gains during the five months' treatment were recovery of normal active hearing, passive hearing nearly normal, and tinnitus gone.

No. 4.—In this instance the hearing was but little impaired, and it was the passive function that had suffered most. The patient could hear ordinary conversation without difficulty; but tinnitus was very pronounced and annoying in both ears. The attack came on when the patient was thirty-seven, and no special cause for it could be assigned. Four years later the case came under my care. The suggestions were made three times a week for five months, and during this period the character of the tinnitus was so modified that it occasioned no discomfort, except that at times there would seem to be a faint sound in the ears, as if the escape of steam were heard a long distance away. There was no great change in hearing, although at times it seemed to be more acute.

No. 5.—This patient was suffering from nervous exhaustion, and had been subject to intermittent headache and tinnitus before the deafness appeared. At the age of twenty-seven a severe catarrhal affection came on, and a peculiar form of "throat deafness" followed; one ear would become almost wholly deaf for a while, then recover, and the other ear would pass through a similar change. This alternation had been going on about six years when I undertook to treat the case. After making suggestions for a period of three weeks with only temporary success, I concluded that nothing permanent



could be done to help the hearing, until the general health of the patient improved.

No. 6.— This patient became very hard of hearing at thirty-one, after a severe attack of influenza and gripe. When I took the case about six years later, the tick of a watch was not perceived at all by the right ear, and with the left no farther than three inches away. At the end of the first week of treatment, the right ear heard the same watch tick at a distance of two inches, and the left three feet away. At the end of five weeks the same watch could be distinctly heard at the distances of eight inches and four feet, respectively; and when the patient was dismissed five weeks later, all tinnitus had ceased, and hearing was completely restored to both ears.

No. 7.— It would be difficult to account for what happened in this case on any other theory than that of motor training advocated in this monograph. At the age of seven the patient's right ear was so badly damaged by scarlatina, that it became totally deaf; but its mate escaped unharmed and remained intact until the patient was forty-one, when the ear drum (*membrana tympani*) was punctured, so that air injected through the Eustachian tube escaped from the middle ear through the meatus. And to these conditions was added that of tinnitus. When this case came under my care ten years after the accident to the left ear, that mutilated organ offered the sole chance of help, and the most that could be reasonably hoped under existing conditions was that the damage might be in some degree compensated by increased neural activity; and for this end I worked

upon the case for a period of six weeks. When I began treatment, the distance at which words clearly enunciated in an ordinary tone could be understood was less than three feet; at the end of the course of suggestion that distance had increased to thirty feet for the same speaking tone. The tinnitus was not perceptibly affected.

No. 8.—Here was a case where senile degeneration had been followed by loss of hearing with tinnitus at the advanced age of sixty-three. Seven years later the patient was under my treatment for four weeks, when change of residence made it necessary to discontinue. What might have been done in a longer time we cannot tell; but considering the age and impaired physical condition of the patient, there was an encouraging gain.

No. 9.—When forty-seven years old this patient's hearing began to fail without any assignable cause. There was no tinnitus, but the deafness had been steadily increasing for three years when I attempted to check it by psychical means. The course of treatment lasted ten weeks, with the result that the active hearing became normal, and the passive was good for all sounds except those on a low key that came from a considerable distance.

No. 10.—During the Civil War this patient enlisted and joined an artillery company. Being a good shot his post was always near the heavy guns, and the firing so affected his ears that, after being mustered out, he found himself growing deaf at the age of twenty-six. There was no complaint of tinnitus when he applied to me for treatment thirty-four years

later, but he could understand nothing that I said in ordinary speaking tones unless he was watching the movements of my lips. Improvement was slow but very satisfactory, and at the end of three months, there was complete recovery, as far as we could judge, in every respect.



# SUGGESTION INSTEAD OF MEDICINE

BY

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